



# Springdale Fire Department

## Observer Agreement Form

I the undersigned, as a Student and/or Observer with the Springdale Fire Department, agree to the following.

- I may be involved in the care of patients who have a contagious disease.
- I may be exposed to contagious diseases (e.g. Hepatitis, Meningitis, HIV or AIDS, etc) that could result in illness, disability, or death to me.
- I may be exposed to hazardous and hostile environments (motor vehicle accidents, chemicals, and crimes of violence, etc) that may result in illness, disability, or death to me.
- I shall not discuss protected health information to anyone not directly involved with that patient's care or response to the incident. I may use patient information for learning purposes only if all identifying information is excluded. Identifying information includes patient name, address, phone number, social security number, incident or EMS number, incident location and any other information that could identify the patient to the information.
- I shall follow the directions of my assigned crewmembers.
- I shall not exceed patient assessment or treatment limitations set for me.
- I shall not perform any fireground operation unless specifically directed by my assigned crew.
- I shall conduct myself in a professional manner while associated with the Springdale Fire Department, its facilities, or personnel.
- I shall use all safety devices provided to me (e.g. seatbelts, gloves, eye protection, protective clothing, etc.)
- I have been provided, read, understand and will comply with the Springdale Fire Department Policies concerning Observers, Dissemination information to the public and limiting disclosure and use of protected health information.
- I understand my presence is granted by the discretion of the officers and members of the Springdale Fire Department, and such permission may be revoked at any time.

My signature below indicates that I have read, understand, and agree to comply with the above. I hear by waive all claims of liability against the Springdale Fire Department, the City of Springdale or any member thereof, for personal injuries, personal loss, illness, disability, or death I might incur while:

- In or adjacent to Springdale Fire Department property.
- Acting as an observer at the scene of fires or other emergencies.
- Participating in training, physical fitness, or other department activities.
- Riding in department vehicles.

Permission valid from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Observers name (printed)

\_\_\_\_\_  
Observer's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsoring shift commander

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date